APPLICATION FOR COMPROMISE

PART I: INFORMATION ABOUT THE OBLIGOR PARENT AND CHILD	
1. NAME OF OBLIGOR PARENT	3. TELEPHONE NUMBER OF OBLIGOR PARENT
A ADDOTOG OF COLUCOD PADENT	()
2. ADDRESS OF OBLIGOR PARENT	SOCIAL SECURITY NUMBER OF OBLIGOR PARENT
CITY STATE ZIP CODE	5. LCSA CASE NUMBER
6. NAME OF THE CHILD(REN) FOR WHOM THE ARREARAGES ACCRUED:	7.(A.) - CHILD'S SOCIAL SECURITY NUMBER
A	7.(B.) - CHILD'S SOCIAL SECURITY NUMBER
B	- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
C.	7.(C.) - CHILD'S SOCIAL SECURITY NUMBER
D.	7.(D.) - CHILD'S SOCIAL SECURITY NUMBER
8. YOUR RELATIONSHIP TO THE CHILD: (PLEASE CHECK ONE) Natural Mother Adoptive Mother Natural Father	Adoptive Father
9. PERIOD WHEN THE CHILD WAS OUT OF THE HOME From: / / To: / / From: / /	To: / /
From: / / To: / / From: / /	To: / /
A. Foster Care: YES NO If "YES", was the child(ren) placed in Foster Care by the juvenile court (Welfare and Institutions Code Section 300)? YES NO If YES, with a guardian or relative caregiver who got CalWORKS for the child?	
or with the guardian or relative caregiver?	
1. Are you providing for the full support of your child?	
2. You must complete the enclosed court form(s) which provide information about your income and expenses	
3. Do you have any other extra expenses that were not identified on the enclosed income and expense forms?	
PART III: HARDSHIP 1. Do you belive the compromise of arrearages being requested is necessary for you to be able to support your child(ren) named in this application?	
DECLARATION: I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information are true and correct.	
Print Name:Signature:	Date: